

FILED SEP 17 1941 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6880

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4972 Beacon Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community. _____
years, months or days)

3. (a) PRINT FULL NAME Octavia J. Bostic

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. James A. Bostic 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. May 6 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 16 hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Johnson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Lisenby
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alice B. Cagle
(b) Address 4972 Beacon Ave.

17. (a) Burial (b) Date thereof 8-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. AUG 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 717
(d) Street No. 4972 Beacon Ave.
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1941 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 1st
to Aug. 22nd
that I last saw her alive on Aug. 21st
and that death occurred on the date and hour stated above. 1941

Immediate cause of death. Chronic myocarditis Don't know
General hypertension Don't know
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: [Signature] [Signature] [Signature]
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____
Means of injury _____
23. Signature Roland R. [Signature] (M.D. or other) JMD
Address 5330 Gerald Date signed 8/23/41

8 to 9 a.m.,
1 to 2 p.m.,
5 to 6 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert R. Thompson*

Licensed Embalmer No..... *4237*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.